

**LEGISLATIVE SERVICES AGENCY  
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**FISCAL IMPACT STATEMENT**

**LS 6057**

**BILL NUMBER:** SB 15

**NOTE PREPARED:** Mar 12, 2012

**BILL AMENDED:** Mar 8, 2012

**SUBJECT:** Brain Injury Services and Medicaid.

**FIRST AUTHOR:** Sen. Miller

**FIRST SPONSOR:** Rep. T. Brown

**BILL STATUS:** Enrolled

**FUNDS AFFECTED:** X **GENERAL  
DEDICATED  
FEDERAL**

**IMPACT:** State

**Summary of Legislation:** This bill requires the Indiana State Department of Health (ISDH) and the Office of the Secretary of Family and Social Services (FSSA) to study current brain injury services that are offered in Indiana, determine whether there are deficiencies in the services, and determine how to implement additional services and neurobehavioral rehabilitation programs in Indiana.

The bill establishes an advisory committee to assist the ISDH and the FSSA in the study.

The bill requires the ISDH and the FSSA to report orally and in writing to the Health Finance Commission before October 1, 2012, the following: (1) Information concerning the study of brain injury services in Indiana; and (2) Information concerning the feasibility and development of a risk-based managed care pilot program for aged, blind, and disabled Medicaid recipients.

(The introduced version of this bill was prepared by the Health Finance Commission.)

**Effective Date:** Upon passage; July 1, 2012.

**Explanation of State Expenditures:** This bill establishes the 16-member Brain Injury Treatment Committee and specifies Committee members to include 4 state employees and 1 state contractor. The bill specifies that no reimbursement for per diem and travel expenditures is to be provided for Committee members. The Committee is required to meet four times.

The bill requires that the Indiana State Department of Health provide staff for the Committee. ISDH reported

that this provision will require approximately 5% to 10% of the available time of one staff member to provide staffing for the Committee. The cost would be incurred within the budgeted level of resources available to the ISDH.

FSSA reported that the Office of Medicaid Policy and Planning (OMPP) and the Division of Aging have been working on this issue for the last three years and that the requirements of the bill can be accomplished within the current level of resources available to FSSA.

*Additional Information:* The advisory committee is charged with studying current brain injury services offered within the state, determining any deficiencies in the services provided, and determining how to implement additional brain injury-related services and neurobehavioral rehabilitation programs in Indiana. The bill requires that the study include:

- (1) The development of a licensure category for neurobehavioral rehabilitation facilities;
- (2) Assessment of whether incentives are needed to encourage the provision of these services in the state;
- (3) Determination of an adequate reimbursement level for the services under the Medicaid program;
- (4) Determination of whether funds from the Medicaid health facility closure and conversion fund could be used to provide for enhanced reimbursement for the services or to assist providers to open a neurobehavioral rehabilitation facility; and
- (5) Determination of whether existing Medicaid waivers should be amended to provide for additional waiver participants and/or neurobehavioral rehabilitation services.

*Risk-based Managed Care Pilot Program:* The bill requires the Office of Medicaid Policy and Planning (OMPP) to develop a plan for a pilot program establishing a risk-based managed care delivery system for Aged, Blind, and Disabled eligible Medicaid recipients. FSSA has reported that this provision can be accomplished within the current level of resources available.

*Interim Study Committee Topics:* The bill requires the ISDH and FSSA to report findings concerning brain injury services and the risk-based managed care pilot program to the Health Finance Commission during the 2012 Interim Session. This provision should have no additional impact on state expenditures, as the Commission may include the topics required by the bill at a regularly scheduled meeting during the interim. The Commission would be limited to the budgetary limits set by resolution of the Legislative Council.

**Explanation of State Revenues:**

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** ISDH; FSSA, OMPP, and the Division of Aging.

**Local Agencies Affected:**

**Information Sources:** ISDH, FSSA.

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